PTC/S8/06 (08-03)
Approved for use through 7/31/2008, CMB 0851-0032
U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-873								10003587		
CLAIMS AS FILED - PART I (Cotumn I) (Cotumn I)						SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR NUMBER FILED			NUMBER EXTRA			BATE	FEE		RATE	FEE
BASIC FEE (DY CFR 1.18(a))				П		5	OR		•	
TOTAL CLAIMS (DF CFR 1.16(q) minus 20° 0					x s=		OR	x s=		
DEDEPENDENT CLAMS (37 CFR 1.16(b)) minus 3 -				\perp	<u></u> .	,	OR	× *•		
MILITIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(8))						.,		OR	+5=	-
" if the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II										
- 4- O Decatumn 1) (Column 2) (Column 3)					SMALL E	NTITY	OR	OTHER SMALL		
ENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Crown Livers	ら	Minus				X 8=		OR	X 3=	
Z Independent (Minus	73			x \$=		CR	x 5 0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+5=		OR	+8=	
					-	TOTAL ADO'L FEE		OR	TOTAL ADO'L FEE	``
04. (0.06 (Column 1) (Column 2) (Column 3)										
E GUS	CLAIMS REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total (profit Lingua)	.5	Minus	<u>-</u> 20			x s=		OR	x 3	\sim
Total O promises O pro		Minus	- 3	•	١.	x s		OR	x 9	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(4))						X		OR.	٠٠ ١	
TOTAL ADDI FEE OR ADDI FEE										
MMU	(Column 1)		(Cotumn 2)	(Column 3)	•					
N I	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE 	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE /
Total O profit Lings A brighendent O profit Lings	5	Minus	30	•	F	х 5=		OR	x 8	
Z Independent (Ar O'R 1,1400)		Minus	-2	•	ł	x \$		OR	x se	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(6))									+ :	
TOTAL ADD'T FEE OR ADD'T FEE										
* If the entry in column 1 is tess than the entry in column 2, write "O" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".										

With Highest Number Previously Paid For' IN This Strate is less than 3, error" or.

The "righest Number Previously Paid For' (Total or Independent) is the highest number bound in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.